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The Nature and Potential Pathways for Philanthropy to Address the Mental Health Workforce Development Crisis in New York City and Philadelphia

A REPORT FOR THE VAN AMERINGEN FOUNDATION
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Introduction

At the request of the van Ameringen Foundation, this report outlines the findings of a yearlong analysis of the workforce development crisis affecting community-based, culturally competent direct service providers in New York City and Philadelphia.

The report is intended to help the van Ameringen Foundation consider how it could leverage its resources in new ways, while sustaining and balancing these new activities with its commitment to direct grants to critically needed providers at the community level and the advocates who push for increased funding for innovative, accessible community-based care.

While the workforce challenges facing community-based mental health service providers run the gamut from recruitment and retention of direct care health workers to access to advanced clinicians including psychiatrists and doctors of psychology, the Foundation is particularly concerned about the recruitment, training, support, and retention of master's-level clinicians, bachelor's-accredited mental and behavioral health workers, and direct care staff in supportive housing and residential psychiatric care facilities serving historically disadvantaged, low-resourced neighborhoods and people. For the purposes of this report, these direct care positions include case managers, peer counselors and coaches, as well as receptionists, residential aids, cleaners, security guards, administrators, data entry clerks, and outreach workers.

In the communities that the van Ameringen Foundation was created to aid, these three categories of workers do the disproportionate share of assessment, treatment and day-to-day, compassionate care for lower income poor and working people facing stigma and a lack of access to care that will enable them to improve their mental and physical health.

The report is intended to help the van Ameringen Foundation consider how it could leverage its resources in new ways, while sustaining and balancing its commitment to direct grants to critically needed providers at the community level and increased funding for innovative, accessible community-based care.

Between January 2023 and 2024, I interviewed 48 experienced, thoughtful, caring individuals who are leading, analyzing and improving community mental health service delivery, advocacy, and the workforce development pipeline. Eight (8) are academics or researchers; eleven (11) are government officials; fourteen (14) are foundation staff or board members; two (2) provide direct care; and thirteen (13) are CEOs, senior program staff or advocates at culturally competent, community-based mental health non-profit organizations. I also gathered relevant reports and articles addressing the crisis.

As directed by the van Ameringen Foundation Board, the latter stage of this research focused in more depth on New York City and New York state, which explains the deeper consideration of various stakeholder responses to the crisis in that state.

The report begins by highlighting key statistics on why the mental health workforce crisis matters so profoundly, particularly in terms of equity and access to mental health care. It summarizes the factors that contribute to the crisis and provides answers to these framing questions:

- → **How are municipal and state governments responding to the mental health workforce crisis?**
- → **Are there examples of the creative use of Medicaid dollars, which could be used to increase public funding to address the crisis?**
- → **What policy advocates, coalitions or trade associations are active on the mental health workforce crisis?**
- → **How are academic and training institutions addressing the crisis?**
- → **Are there other philanthropies that the van Ameringen Foundation could partner with to address the mental health workforce crisis?**

Many key informants repeated that New York state and Pennsylvania, like the rest of the U.S., don't have mental health care "systems." Rather, they are better described as a mosaic or a multi-faceted, unintegrated network in which workforce shortages and vacancies are a major contributor, after insufficient public investment, to long wait times and lack of access to services for people and families who are facing mental health crises.

My research and information gathering did reveal, however, a promising set of public, non-profit, community and academic leaders and institutions that are already at work on the mental health workforce crisis. This emerging ecosystem, with thoughtful, committed support and partnership from government and philanthropy, could form the basis for a comprehensive vision and pipeline development plan.

The complexity of this workforce crisis, and the flaws and weaknesses in the pipeline that created it, will require thoughtful and sustained support of networking, connecting, funding, research, partnerships, advocacy, drafting of legislation and policy development. My hope is that this report and the Mental Health Workforce Crisis Group of funders, which this research effort helped to set in motion, will inspire the van Ameringen Foundation and other funders to remain supporters and leaders in this effort. To quote Andrew Cleek, the deputy executive director of the McSilver Institute for Poverty Policy and Research at New York University and a key informant for this research: "We don't fund institutional efforts to bring the players together to actually think about how to knit all the pieces of the mental health crisis together to make sense. This would be so helpful."

NOTES ON LANGUAGE

I use the term “master’s-level clinician” to include both licensed and unlicensed holders of Master of Social Work degrees in a variety of sub-specialties.

I use “direct care worker or professional” in lieu of “para-professional” to describe the array of mental health workers with secondary education who are employed by van Ameringen Foundation grantees and supportive housing providers in particular. “Para” is from the Greek meaning to be alongside. In the work of van Ameringen grantees, direct care workers are as often providing direct care and support alone, as they are alongside a clinician with advanced training.

Cultural competence in this context is the ability to understand the nuances and unique histories of a wide variety of historically disadvantaged, low-resource communities and populations and to deliver to them practical, innovative mental health care, particularly in languages beyond English. For the van Ameringen Foundation, this includes those who are unstably housed or street homeless; those who are incarcerated or re-entering society with mental health challenges; youth aging out of the family regulation system; and immigrants and their families, including those who are undocumented.

A DISCLAIMER

By no means should this report be considered an exhaustive review or an authoritative catalogue of actions that are being taken by stakeholders in New York City and Philadelphia to address the community mental health workforce development crisis. It is, rather, intended as a starting point for the van Ameringen Foundation Board and others to learn more about people and institutions that are taking critical needed leadership on this critical set of issues. The report’s author welcomes constructive critique, corrections, comments, and discussion to address the gravity of the mental health workforce crisis.

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MAY 2024

1 Defining the Mental Health Workforce Crisis

Consistent with national statistics, up to one (1) in five (5) New Yorkers and Philadelphians will experience mental illness each year.[1] Of those affected by more serious mental illness, half will go without meaningful treatment or care. When race and ethnicity are factored in, the number of those who are unable to access treatment increases above 60%.[2]

As reported in an analysis prepared by HR&A Advisors for Trinity Church Wall Street, New York City has sixteen (16) federally designated "Mental Health Care Professional Shortage Areas" in which there is less than one (1) mental health provider for every 30,000 people in that area.[3]

Salaries and benefits for mental health workers in the public and non-profit mental health networks are significantly less than in the private sector or among those in private practice. For clinical social workers practicing privately as therapists or counselors in New York City, the average salary is $95,000. For those in government or non-profit agencies, it's $64,000. This has made it challenging for community-based providers to recruit and retain these essential workers as they leave for better pay in the private sector. HR&A reports that there are 7,000 social work vacancies in New York City's public and community-based mental health networks.

1 in 5

New Yorkers & Philadephians will experience mental illness each year.

7,000

Professional social work vacancies reported in New York City's public and community-based mental health networks.

BIPOC New Yorkers and Philadelphians are less likely to receive mental health treatment than their white neighbors.

This shortage is not equitably distributed: the neighborhoods with the fewest mental health providers are often those with the highest rates of mental health needs. These areas are also disproportionately home to low-income people of color. As a result, lower income and working class BIPOC New Yorkers and Philadelphians are less likely to receive mental health treatment than their white neighbors.

In contrast, the Upper East Side of Manhattan, as an example, has one of the highest concentrations of mental health providers, but most of these providers do not accept Medicaid or do not take insurance at all. For psychiatrists in New York City, 31% accept Medicaid, compared with 75% of primary care physicians who accept it. The percentage of Master of Social Work-certified clinicians that accept Medicaid is estimated by researchers to be even lower.

[1] www.nimh.nih.gov/health/statistics/mental-illness#part_2539

[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9718065/

[3] HR&A Report to Trinity Church Wall Street. Mental Health Workforce – Profound Shortages and the Implications for Health, Safety, and Equity in New York City. October 2022.

2 What Factors Contribute to the Mental Health Workforce Crisis Affecting Culturally Competent, Community-based Providers in Philadelphia and New York City?

According to the 2022 Rand Corporation Research Report entitled "Availability and Accessibility of Mental Health Services in New York City," there is widespread agreement that mental health workforce challenges are at a crisis level. The report states, "throughout our interviews with key informants, the most commonly cited challenge to the availability of mental health services was the limited provider workforce." However, the report's lead author conveyed to me that not enough attention has been paid to how the crisis impacts the pipeline of direct care workers or those at the bachelor's and master's levels (see footnote 2.)

This section highlights several factors contributing to the mental health workforce crisis in Philadelphia and New York City. None of what I found will surprise anyone on the van Ameringen Foundation Board. What is striking is how many issues underlie the workforce crisis and that addressing them will require holistic thinking and action, with a multitude of reforms needing to occur simultaneously, both in the short and longer term.

This section is intended to help set the context for answering the key questions addressed later in the report. Three sources of data were used in compiling the analysis in this section: 1) my six (6) years visiting several hundred groups that the van Ameringen Foundation funded during my tenure as executive director; 2) the forty-eight (48) key informant interviews that I conducted between February 2023 and January 2024, coded and analyzed; and 3) the reports and articles uncovered during data gathering.

PAYMENT & REIMBURSEMENT SHORTFALLS

The key informants for this report definitively re-affirmed what van Ameringen Foundation staff and board members have heard on site visits for years: that the major issue affecting the provision of mental and behavioral care in underserved, low-resourced communities in which a large percentage are eligible for Medicaid (which in New York City is just under half of the population according to the head of NY Alliance for Careers in Healthcare) are payment and contracting restrictions. Government continues to: 1) chronically underpay and under-reimburse for contracted mental health services and 2) to limit or restrict what services, populations and/or worker categories are reimbursable in communities with the greatest needs. Payment and contracting remain a decades-long challenge for community-based providers. It represents a failure by government to peg Medicaid and other government funding streams to the real costs of treating a care recipient holistically and effectively, to inflation, and to prevailing wages and costs in

the private health care system. As highlighted in 2019 during a Foundation site visit with Association of Community Living Agencies in Mental Health (ACLAIMH), some Cost of Living Adjustments (COLA) rates paid to providers in New York state date to the Reagan administration.

Underpayment on contracts funded by Medicaid has also created a salary structure that is unattractive for most people but particularly for people of color from low- and moderate-income backgrounds who might otherwise pursue a career in the non-profit, culturally competent mental health care workforce serving the communities where they grew up. This includes direct care work not requiring more than a high school diploma or GED. This is even more true for young people who might otherwise seek out a post-secondary clinical degree in government and community-based, not-for-profit mental health care.

As a result, many people of color from lower-income households in New York City pursue jobs in policing and corrections. As one key informant succinctly put it, "there is no rational economic incentive to pursue a career in mental health, and that is a huge problem." Jobs in policing and corrections offer the compensation, benefits, overtime, and career ladder that enable a person to start and raise a family in cities like Philadelphia and New York City. Jobs in the community mental health system do not.

"There is no rational economic incentive to pursue a career in mental health, and that is a huge problem."

THE COST OF ADVANCED TRAINING IN MENTAL HEALTH

Multiple respondents cited the combined costs of tuition, supervised fieldwork requirements and licensure as major barriers to entry into the field of community mental health. This was also a major finding of the research compiled by analysts at HR&A Advisors for the Trinity Church Wall Street Foundation. This was obviously most true for people from low-to-moderate-income households where not just starting salaries but also the ceiling on salaries as one gains tenure and experience are so low.

In addition to financing a secondary or post-secondary degree, the considerable number of often unpaid but required hours (generally twenty (20) – twenty-five (25) hours per week depending on the certification; the total hours to be licensed in Pennsylvania, for example, is 3,000 hours) of supervised field work coupled with the cost of preparing for and taking licensure exams can be prohibitive, which creates a disincentive for people from the communities where the mental health workforce shortages are highest.

As one respondent pointed out, unlike other health professions, which are subsidized by the federal government, particularly if you are willing to work in an underserved area, most students pursuing a clinical social work license must pay their educational and credentialing institution, and often their employer, to become certified.

Another factor that several key informants cited as a growing realization in the field is the way in which the licensure exam has become a gatekeeper preventing those with lived experience, or those growing up in neighborhoods with limited access to quality mental health care, from entering.

CHRONIC JOB VACANCIES, LOW PAY, AND LIMITED BENEFITS

A senior staff person at a supportive housing provider in New York City reported that they are facing a "50% vacancy rate across all categories of workers, from outreach workers to program staff."

At another provider in Philadelphia, senior staff reported vacancy rates of 26% for staff that can be billed to their contract with city government through the Community Behavioral Health (CBH) division and 28% for everyone else. This was a refrain heard across the group of service providers that I interviewed, with vacancy rates ranging anywhere from 20% to 50%.

In the wake of the COVID-19 pandemic, without new funding streams (this is discussed in more detail below in response to the question of what remedies have been conceived or attempted), community mental health providers cannot compete with the wages offered by managed care organizations, private hospital networks and in some job categories of frontline work, even retailers like Target and Costco.

According to HR&A's ongoing research, there are an estimated 130,000 jobs in what they call New York City's community-based, "preventative public safety" sector. This includes jobs in supportive housing, intensive mobile health treatment, early childhood education, case management and supportive employment. All of these job titles meet the Brookings Institution's "Good Jobs" criteria, which means, according to HR&A's analysis, they "pay at least…a median annual compensation for year-round, sub baccalaureate workers and provide health insurance."[4] For New York City, that median annual compensation "stands at or above $48,973.62, and only 4% of these jobs are accessible without a postsecondary degree, and there are currently 23,600 vacancies for these kinds of jobs."

Another key informant commenting on the alarming vacancy rate among community providers suggested looking at the website of CASES – a longtime van Ameringen Foundation grantee and leading provider of community- and clinic-based mental health and substance use care and services to the most vulnerable and marginalized New Yorkers. In early 2023, there were 100 available positions on their career page. While the jobs ranged from receptionist to psychiatrist, most of the open positions asked for at least a bachelor's degree.

Unlike jobs in the carceral system, preventative public safety jobs do not offer significant compensation through overtime nor significant increases in pay as social workers and case managers gain tenure.

Meanwhile, "among all jobs for which a worker without a post-secondary degree qualifies in New York City, only 385,989 (15%) pay at least the average salary paid to corrections officers." An HR&A analyst pointed out to me that, unlike jobs in the carceral system, preventative public safety jobs do not offer significant compensation through overtime nor significant increases in pay as social workers and case managers gain tenure.

CRIMINALIZATION, GREATER PSYCHOSIS AND A SYSTEM UNDER INTENSE STRAIN

Coupled with the lower, less competitive wages and benefits, many frontline and master's-level clinicians in New York City and Philadelphia are burning out and choosing to leave the community mental health sector all together due to increased challenges and risks. One key informant referred to this as "the psychic paycheck," asserting that people in the field used to be able to see and feel the positive impact of their work on some of the most compromised people in society. This person related that this is less and less the case as the percentage of people with serious psychosis, trauma, and untreated or unmanaged significant mental illness who come into supportive housing facilities is "off the charts."

[4] https://www.brookings.edu/wp-content/uploads/2018/12/2018.12_BrookingsMetro_Opportunity-Industries_Report_Shearer-Shah.pdf

Service providers and advocates attributed this troubling trend to several factors. First, homelessness is now policed as a crime. As a result, those who are street homeless experiencing the most significant mental illnesses are facing higher levels of harassment, detention, or arrest when they suffer psychosis. With the limited number of psychiatric care beds in the public system to provide better treatment and care, emergency room health workers are left to "stabilize" those experiencing psychosis with medication. They are then released back onto the street three to four hours later without sufficient treatment or follow-up plans. This is a challenge for the hospitals, jails, and shelters, the latter being reluctant or unable to admit or treat people experiencing psychosis.

Second, there continues to be no meaningful increase in psychiatric treatment beds for those living on the street or in shelters. In the wake of the pandemic, several key informants reported, when spots do open in congregate and scattered site programs, people are arriving sicker and more traumatized. This has led to escalated conflict with longer-term, better-stabilized supportive housing residents and alarmed families with children who are housed in these same buildings as part of mixed-use, affordable housing developments. The Supportive Housing Network of New York (SHNNY) reports that more scattered site landlords are fed up and trying to get out of supportive housing.

Supportive housing and residential psychiatric care providers are also facing a major challenge recruiting for evening and overnight positions. Unlike nurses and firefighters, these providers cannot pay nighttime differentials that might attract more candidates. Nor is there any flexible scheduling common in nursing, policing, corrections, and firefighting. There is also a lack of resources to hire and train trauma-informed security staff in conflict resolution and de-escalation, which has put more residential mental health treatment and housing staff at risk.

EXCESSIVE ADMINISTRATION AND BUREAUCRACY

Other major factors underlying the exodus of qualified, mission-driven individuals away from community mental health providers, which was cited by every key informant interviewed for this report, was the level of documentation; paperwork; and in the case of Philadelphia especially, ongoing but not always relevant or useful certification courses required by government contracts.

In Philadelphia, several key informants reported that while CBH has a more enlightened approach to mental health issues than many counties in Pennsylvania, the agency tends towards a hyper focus on individual-level interaction between a therapist and client. This provider reported that they "have a harder time understanding their potential and what is needed to build a solid network of community-based providers." Other providers were more direct: "our counseling staff spend as much time documenting 15-minute intervals about the nature of an interaction as they do focusing on care and healing." Several people interviewed questioned (or openly complained) about the relevance of courses required for staff paid for by CBH contracts. As one said, "some of our best staff

are required to spend time learning about smoking cessation, which they might have already recently taken when they were working at another agency, as people are overdosing in the street or dying of fentanyl poisoning."

Providers in New York City and Philadelphia complained that the way that contracts are structured and the way the system works, certified clinicians on their staff are very often pushed into supervisory roles without proper training and support. As a result, especially in the wake of the pandemic, they are burning out and leaving. They pointed out that most people who pursue a career in community mental health do so because they want to treat and heal, and they can more readily do that as a therapist or counselor in private practice, free of bureaucracy, excessive paperwork, and unhelpful continuing education or contract auditing requirements.

Key informants described their own and others' motivations for working in community mental health as not wanting to get rich, but because they found meaning through a desire and vocation to care for and heal others.

"IT'S NOT JUST ABOUT THE MONEY"

Another theme that emerged again and again in the interviews was that the community mental health workforce crisis "is not just about the money" – the money being tuition and licensure costs, the low salaries, and the lack of additional compensation readily available to police and corrections officers.

Key informants described their own and others' motivations for working in community mental health as not wanting to get rich, but because they found meaning through a desire and vocation to care for and heal others. Many have seen how serious mental illness and stigma impacts a person, a family, or a community.

Beyond aspirations, a clearer and more actionable understanding of what's meant by "it's not just about the money" came in an interview with Dr. Jessica Soto, a recently minted psychiatrist from New York City who is now practicing in Providence, Rhode Island.

Dr. Soto moved quickly to what she believes are two critical components to address the retention dimension of the workforce crisis: efficacy and competency. She began by sharing her experience that post-pandemic, there's been "a huge shift and a lot of people are leaving health care," and it's alarming. After many years of education and training in a variety of settings and programs along the East Coast, Dr. Soto shared the story of one particularly outstanding program at the Pediatric Anxiety Research Center at Bradley Hospital in Providence, Rhode Island. She did a stint there as a psychiatrist in training on a multi-disciplinary team that included peer and bachelor's-accredited behavioral health workers. The program provides exposure-based therapy for kids with severe anxiety and OCD.

Dr. Soto relayed that the Bradley program has been highly successful in large measure because of its collaborative, multi-disciplinary, team-based approach. Efficacy in this context means that everyone on Bradley's multi-disciplinary team sees that the interventions, which they are providing, work and the kids get better. Senior clinicians on the team have genuine respect for the wisdom that frontline mental health workers bring to the table, and as a result, these workers are appreciated for their competence and are more confident and motivated. Many of these workers have, as a result, remained on staff for up to eight (8) or ten (10) years.

3 What Government Agencies Are Seeking Solutions to Mental Health Workforce Issues in Philadelphia and New York City? What Remedies Have Been Conceived or Attempted?

This section summarizes elected leadership at the city and state level, followed by bureaucratic leadership, and ends with the most compelling remedies attempted or proposed by key informants.

CITY OF PHILADELPHIA

City Government

Key informants in Philadelphia reported that while elected and bureaucratic leadership was aware of the need to deal with the mental health workforce crisis, they were not aware of anyone in the Mayor's Office or at the state level addressing it with a deeper, longer-term commitment or process. Indeed, early in the pandemic, the Kenney administration eliminated the position charged with workforce development in the City of Philadelphia.

After eight (8) years in office and navigating the deep challenges and complexities of the pandemic, no one suggested that Philadelphia would see a meaningful new initiative to address the mental health workforce crisis at least until the new mayor takes office in January 2024.

Philadelphia's Department of Behavioral Health and Intellectual Disability Services (DBHIDS) and CBH

One head of a provider network in Philadelphia reported that former commissioner of DBHIDS, Dr. Jill Bowen, initiated a working group with local colleges and universities in 2023 to increase internship options for students pursuing mental health degrees. She placed psychiatrist and then-DBHIDS Chief Medical Officer Dr. Sosonmulo Soyinka in charge of the working group. Dr. Soyinka left DBHIDS a few months later, followed by Dr. Bowen at the beginning of 2024. She has not yet been replaced by Philadelphia's new mayoral administration.

As noted above, key informants expressed many concerns and indeed frustrations with CBH, the other major player in the community mental health space in Philadelphia. The concerns ranged from CBH's unwillingness to consider increasing reimbursements to thinking more holistically about

the community mental health system and its needs or to even do a better job communicating their understanding of who is responsible to whom within the CBH system.

Contracted by DBHIDS, CBH administers and oversees $1.7 billion in Medicaid funds distributed through contracts with Philadelphia's network of community mental health providers. As part of their contracts with CBH on behalf of DBHIDS, community providers, as noted above in this report, are required by CBH to have their staffs regularly attend trainings and workshops offered by the Behavioral Health Training and Education Network (BHTEN), which DBHIDS created in 1996. Several key informants questioned the relevance and utility of many of the trainings and suggested that funds for BHTEN could be re-allocated in more creative and compelling ways to meet workforce development and training needs. Among the ideas that came up repeatedly in my interviews was the possibility of developing an ROTC or Teach for America-type model that offers tuition reimbursement, loan forgiveness and other incentives in return for bachelor's and master's students making a commitment to serve in the community-based, non-profit mental health system for a certain period.

Beyond BHTEN requirements, CBH has two nascent workforce development efforts underway. CBH is in discussion with the Philadelphia School of Osteopathic Medicine and Philadelphia Community College about an advanced mental health training program to retain more clinicians in Philadelphia. The second is a potential partnership with the Philadelphia Opportunities Industrialization Center, a local non-profit, to train high school students not otherwise pursuing post-secondary degrees as frontline administrators.

In the absence of leadership from elected officials and bureaucracies responsible for mental health in Philadelphia, several key informants reported that the workforce crisis is left to the organizations who provide the services.

CBH Surplus Funds

A promising potential source of funding for new mental health workforce initiatives could come from surpluses in the CBH budget at the end of each year. At the prerogative of the DBHIDS commissioner, these monies are intended to be spent on "community needs" at the direction of CBH. An ongoing working group or collaborative of funders, frontline workers and clinicians, researchers, and advocates working in coordination with city agency representatives could shine a brighter light on the allocation of these dollars and propose recommendations to address the mental health workforce crisis.

Community providers in Philadelphia and New York City have been actively seeking and competing to raise private dollars for signing bonuses, to boost salaries, to pay for scholarships and to subsidize the cost of students who are doing field training

and building the required hours for licensure. However, success is dependent on the capacity of individual providers, and the lack of a rational economic incentive for talented young people who might enter or stay in the non-profit, community mental health services sector is a huge challenge. As one person interviewed said, "young people, once certified and licensed, when they have what they need, move on to private practice" where they can make more money and focus on treating and helping people to heal.

Some agencies in Philadelphia that provide outpatient services are experimenting with retaining licensed clinicians through part-time work in which the clinician spends two to three days with the agency. The remaining days they are left to pursue their own counseling, therapy, or coaching practice. Again, however, these innovations are not supported by the community mental health or behavioral health contracting and regulation system.

This is an approach that has been taken by Covenant House Philadelphia to retain their outstanding staff psychiatrist who is with them two to three days per week.

Pennsylvania State Government's Response

At the state level, Governor Shapiro has focused on and ordered a complete review of the many bureaucratic hurdles, which are controlled by professional associations in the state, that make recertifying as a mental health professional from another state difficult. The other promising development is that Val Arkoosh, the former head of the Montgomery County Commission, is the new head of the Pennsylvania Department of Health Services. With a new mayor of Philadelphia; an ambitious governor said to harbor aspirations for national office; and a thoughtful, experienced, and committed secretary of human services for the state, there is a promising window of opportunity to put the mental health workforce crisis at the forefront of the city's and the state's efforts.

NEW YORK CITY

New York City's workforce development system is a large, fragmented one. Thirty (30) different agencies and public/private partnerships within city government administer between 150–170 different workforce initiatives. Several key informants reported that it is traditionally very tough to bring major workforce initiatives to scale in New York City because the city isn't willing to invest its own revenues. Nor does the city have the power to merge streams of state or federal workforce dollars, which are most often provided narrowly to address specific sectors or constituencies.

A Mayor with Competing Impulses

Soon after taking office in January 2022, New York City Mayor Eric Adams consolidated oversight of the 30 different agencies and public/private partnerships responsible for workforce development under the umbrella of the Mayor's Office of Talent and Workforce Development. However, this move did not come with a mandate that these agencies must work together, nor were there monies allocated to incentivize new coordination and collaboration.

Key informants remain concerned that the new mayoral administration has a half-hearted commitment to really addressing the mental health crisis affecting the most vulnerable New Yorkers.

More and more people in the field believe that Mayor Adams will not prioritize a compassionate, collaborative health-based approach to serious mental illness, whether due to cost, lack of

knowledge, competing demands and the power of business interests, or because he wants to be seen as "tough on crime" if he seeks higher office.

Mayor Adams announced a controversial policy in the fall of 2023 to force individuals who are homeless and decompensating into treatment, without a plan that had any real details for how it would work given the already overburdened system of residential psychiatric care and programs. Beyond the moral and ethical criticisms of this policy, it has been widely criticized for its lack of specifics or realism given the dearth of truly affordable housing in New York City. This severe shortage of affordable housing has increased housing instability, homelessness, and serious mental illness in the wake of the COVID-19 pandemic.

Mental Health Workforce Initiatives Led by Public Agencies

There are mental health workforce initiatives underway in both branches of New York City government (Mayor's Office and New York City Council), and at the New York City Department of Behavioral Health of the New York City Health + Hospitals Corporation (H + H), which is a quasi-independent agency that oversees the eleven (11) institutions that comprise the public health system in New York City.

Within Mayor Adam's administration, community mental and behavioral health workforce development initiatives exist along two tracks: 1) the New York City Mayor's Office of Community Mental Health (NYC-MOCMH) and 2) the Department of Health and Mental Hygiene (DOHMH) headed by former Fountain House CEO and the current NYC Health Commissioner Ashwin Vasan. DOHMH contracts with the estimated 400 community mental health providers across the five boroughs, who provide care to about half of those insured by Medicaid who access to mental health care. H + H provides mental health care to the rest of those who qualify for Medicaid and seek care.

New York City Mayor's Office of Community Mental Health

THRIVE NYC, the umbrella for over 50 mental health initiatives launched during the de Blasio administration, has been repurposed NYC-MOCMH. The Mental Health Workforce Crisis Group, launched during this research, met at length with the NYC-MOCMH in January of 2024. They presented their priorities and efforts underway on several workforce initiatives including support for clinicians to practice "at the top of their licensing and credentials," a new, accredited behavioral health peer training program, and partnerships with the New York State Office of Mental Health (OMH) to diversify the mental health workforce at the community level. An overview of NYC-MOCMH and its workforce initiatives are attached in Appendix A. After many months of research and planning, NYC-MOCMH began formally rolling out the actual activities and concrete outcomes of these initiatives in 2024.

The role of peers and other frontline staff to support more advanced clinicians through "task sharing" of everything from simple assessment to completing paperwork and providing some form of counseling or coaching is a live topic in the community mental health sector. Several key informants welcome the recent focus on professionalizing and formalizing peer leadership and participation, particularly with respect to increasing the compensation and allowing peer positions to be more widely billable under Medicaid.

However, others point out that peers have always been a part of the workforce, particularly in mobile treatment and supportive housing sectors. Several individuals interviewed for this report shared that, while the discussion is critical, serious time and more importantly resources are not being allocated to make peer formalization and task sharing happen with a coordinated vision and sustainable plan in mind. The professionalization and increasing reliance on peers will need to be sensitive to the unique needs and capacities of peers or others with

lived experience who continue in many cases to manage significant mental illness or co-occurring health issues. This includes the work hour limitations placed on many peers who rely on disability and other public assistance to meet their needs and pay their bills.

New York City DOHMH, Community & Action Working Group

For New Yorkers covered by Medicaid who can access mental health care, about half of it comes through community providers who contract with the DOHMH.

As part of the mayor's "Care, Community & Action: A Mental Health Plan for New York City," announced in March 2023, DOHMH planned to launch their own "inter-agency and multi-stakeholder working group" to address the city's behavioral health workforce challenges to create a "robust, diverse and culturally responsive workforce capable of engaging people early."[5] According to senior DOHMH staff charged with developing this effort, DOHMH will seek to bolster the workforce across all roles. They are looking at the perceived and regulatory barriers that prevent people from practicing at their clinical licensure as one of their starting points.

A staffer from former NYC Mayor de Blasio's administration working on mental health workforce issues relayed that the city had explored building a scholarship program for Master of Social Work students. In return for them committing to a certain number of years at DOHMH's contracted community providers, they would have received tuition reimbursement. The city's law department rejected the proposal out of concerns over enforcing this type of agreement if a student failed to meet their commitment and the implications for the city's at-will employment policies.

Ideas being recommended by researchers and discussed by policymakers include loan forgiveness, salary increases and reducing administrative burdens. This is alongside the role of peers and task sharing within the community mental health efforts that are part of DOHMH's mandate. Key informants also mentioned the need to focus on the profound, rapid shift to telehealth in the wake of the pandemic, which has created greater concern about how telehealth is impacting equity and access to mental health services.

[5] https://www.nyc.gov/assets/doh/care-community-action-mental-health-plan/index.html

New York City Council "Mental Health Roadmap"

The New York City Council has also developed a "Mental Health Roadmap," which seeks to address the many challenges that so many families and communities face trying to access affordable, effective mental health care. (https://council.nyc.gov/mental-health-road-map/). The Roadmap is organized around a series of "stops." The first of these stops, unveiled in April 2023, focused on mental health workforce issues and three actions that the City Council would take on workforce needs: 1) adequate funding for community-based mental health service providers, 2) a Social Work Fellows Program at one or more City University of New York campuses, and 3) advocating for "pay parity" for all mental health titles in service contracts. The current stop on the Roadmap is focused on the mental health needs of veterans.

Behavioral Health Department at New York City Health & Hospitals Corporation

H + H has oversight responsibility for 11 public hospitals and health care centers that operate somewhat independently.[6] These facilities treat about half of New York City's Medicaid-eligible population in need of emergency or ongoing mental health care as well as those who are uninsured. These residents are most often undocumented immigrant families, unstably housed families, and individuals living on the street. The Department of Behavioral Health at H + H is headed by Dr. Omar Fattal.

H + H's Department of Behavioral Health (H + H-DBH) sums up their challenge meeting the increased mental health needs of low- and moderate-income New Yorkers as a "supply and demand problem: too few mental and behavioral health professionals to meet the growing needs of communities." Consistent with other providers in the community mental health system, H + H-DBH's greatest staffing challenges and highest vacancy rates are among psychiatrists (28%), psychologists (22%) and social workers (25%). H + H-DBH's workforce strategies focus on identifying and developing a pipeline of talented young people coming into the field and supporting them through stipends, training and professional development, loan repayment, safety and violence prevention training, and advocacy to maximize inter-disciplinary staff contributions to patient care.

Two key informants with deep knowledge of and experience working on past efforts by NYC government to address workforce needs advocated strongly for prioritizing and supporting H + H-DBH in any efforts to tackle the mental health workforce crisis in New York City. In contrast to DOHMH, which contracts for services and is therefore a step removed from what is happening day-to-day on the ground, H +H provides direct care to half of the city's Medicaid eligible population. This includes some of the most resourceful and resilient communities but also some of the most vulnerable, including undocumented immigrants and street homeless individuals.

These key informants have great respect for and admire the department's dynamic leadership, which, they point out, does not change from one mayoral administration to the next. They also believe Dr. Fattal and his team are deeply committed to addressing the crisis with innovative ideas and solutions despite the inordinate amount of time they spend negotiating the many nuances, complexities and demands of their largely unionized mental health workforce across all parts of the system.

In recent years, H + H-DBH has been an outstanding implementor of a variety of projects to address their ongoing mental and behavioral health workforce shortages. They have been an active partner in this research, providing data and information that helped with the drafting of this report as well as introductions to their state government counterparts.

[6] https://www.nychealthandhospitals.org/

Past Public Sector Efforts and Remedies for the Crisis

Key informants who have spent considerable time inside and outside of city government believe a wider network of interests must be brought to bear to address the mental health workforce crisis. They pointed to the limitations posed by the relatively short tenure of New York City mayors and attempts to resolve deeper, more complex issues like the mental health workforce crisis. One key informant reported that the de Blasio administration tried, for example, to place a social worker in every school but failed due to the lack of a pipeline of qualified candidates to fill those slots. Similarly, as the city was seeking to launch "Be Heard!," the peer rather than police response pilot to people suffering emotional distress, it took more than six (6) months to hire just six (6) qualified, experienced social workers to staff it. All six (6) were people with lived experience who were already in critical roles in other agencies or departments.

Level of Coordination Between City and State Agencies

There is considerable operational awareness between New York City and New York state officials because of funding, regulatory and geographical location of staff. It is clear from this literature review, interviews, and follow-up conversations with key informants that coordinated efforts between New York City and New York state agencies to address the mental health workforce crisis have only recently begun. Many of the initial proposals are aspirational initiatives, not yet backed up with funding streams, operational programs, or concrete evidence that these efforts are putting a significant dent in the workforce shortages across the mental health organizational chart of job titles, either in the short or long term.

NEW YORK STATE GOVERNMENT'S RESPONSE TO THE MENTAL HEALTH WORKFORCE CRISIS

Responsibility for mental health workforce development efforts is nested within several agencies of New York state government.

The primary among them is the New York State OMH (https://omh.ny.gov/), whose annual agency budget is $6.4 billion, with five regional offices (one of which covers New York City) and 14,000 full-time employees. OMH operates 24 psychiatric facilities, which makes it both a funder of public and non-profit health networks (such as NYC's H + H) and an employer with, reportedly, the highest paid and supported mental health workforce in the state.

Other agencies[7] with oversight or some connection to how mental health workforce development issues are financed and addressed in New York state include:

- → **Office of Health Insurance Programs at the Department of Health (which has regulatory responsibility for Medicaid Managed Care)**
- → **Department of Financial Services (which oversees private managed care organizations who administer Medicaid benefits)**
- → **Office of Addiction Services & Supports (OASAS)**
- → **Office of Medicaid Inspector General**

[7] The Office of People with Developmental Disabilities (OPWDD) focuses on people with cognitive and physical disabilities but does not include those with mental or substance use disorders.

(which audits OMH, Office of People with Developmental Disabilities (OPWDD), and OASAS operations and programs)

→ New York State Education Department (Office of the Professions) and the Board of Regents (who together oversee the accreditation of job titles and training programs in New York state)

→ Office of the Chief Disability Officer (who is housed in the Governor's Office, responsible for connecting people with disabilities to services covered by multiple agencies)

OMH and its partner agencies currently do not have a comprehensive vision or plan to address the profound mental health workforce shortages across the state. What they do have are a series of initiatives, new leadership and a substantial recently approved Section 1115 Medicaid Waiver providing significant new federal dollars for several job titles in community mental health. OMH also has the authority to change how Medicaid dollars are administered. Currently, OMH contracts Medicaid claims administration with, primarily, for-profit Managed Care Organizations[8] rather than contracting directly with the public system and community-based providers who deliver mental health services to Medicaid recipients. As described below in section 4, some of the money to pay for the privatized administration of Medicaid-funded mental health services could be repurposed to provide New York state with the resources for a more robust workforce development pipeline.

Governor Hochul's $1B Plan to Overhaul NY State's Continuum of Mental Health Care

In February 2023, with considerable fanfare on the administration's part, Governor Hochul announced a $1 billion commitment to "overhaul" New York state's mental health system.[9] Among several factors, this was a response to the chronic underfunding of contracted community mental health services over the last two decades, the mental health crisis made worse by the COVID-19 pandemic, and the increasingly visible number of street homeless New Yorkers whose mental and physical health needs are not being effectively addressed.

Most of the money in Hochul's $1 billion plan will go toward the development, construction, and operation of supportive housing around the state.

This was welcome news to the proponents of supportive housing in New York City. However, it does not marshal the profound resources needed to address the workforce crisis across the care continuum in New York City or the state. OMH does have some programs currently underway or in the pipeline.

The Community Mental Health Loan Repayment Program (CMHLRP)

The CMHLRP, now in its third round of funding, began with repayments for the training and employment of psychiatrists, psychiatric nurse practitioners and psychiatric physician assistants. In this third round of the current New York State Budget cycle (2023-2024), OMH expanded the program by $5 million, for an overall total of $14 million of the overall $1 billion Hochul mental health improvement plan, and included LMSWs, LCSWs, LMHCs, LMFTs, LCATs, licensed psychoanalysts and licensed psychologists. The CMHLRP reimburses at $120,000 for psychiatrists and $30,000 for other mental health professionals. The additional $5 million in funding will support 500 awards, with 200 of those 500 awards being put toward diversifying the workforce.

Under this Program, "providers of licensed community mental health programs" (both inpatient and outpatient service providers) apply to OMH on behalf of an employee with an allowable job title for an award(s). The agency then confirms with OMH

[8] There are 16 managed care organizations who participate in New York state's Medicaid management. Of those, 14 are for-profit insurance companies. Two are non-profit insurers.

[9] https://www.governor.ny.gov/programs/transforming-new-york-states-continuum-mental-health-care

that the employee is in good standing. OMH then awards the repayment monies to the agency, who then provides it to their employee(s) for repayment of qualified student loans. One hundred (100) of the awards in this budget year are reserved for "individuals working in settings providing diversity, equity and inclusion services," which means cultural or linguistic specialization.[10]

Workforce Investments as Part of NY State's Recently Approved, Section 1115 Medicaid Managed Care Waiver

In September of 2022, New York state submitted a $13 billion, Section 1115 Medicaid Waiver request (which allows for customized spending of Medicaid matching funds for States that request it) to the federal government. New York's waiver request focused on workforce development, along with health equity, reducing health disparities, and delivery of health-related social services. After a year and a half of what was described as "challenging negotiations," the Center for Medicaid & Medicare Services (CMMS) approved a $7.5 billion waiver for New York state. What this means practically is that the federal government will provide $6 billion, with New York state "matching it" with $1.5 billion.

The state will now have between April 2024 and March 2027 to spend up to $690 million (some 10% of the overall total) on workforce development for health care delivery to Medicaid recipients. These programs are expected to cover training, scholarships, tuition reimbursement, and retention efforts. In one example, $48.3 million will be allocated for student loan repayment in return for providers and their employees making multi-year commitments to serving a Medicaid eligible population.

Among the mental health jobs included in the 1115 Waiver: Psychiatrists, Licensed Mental Health Counselors, Master's of Social Work, Community Mental Health Workers, Patient Care Managers/ Coordinators.

Yet-to-be formally announced is what entity or entities will be responsible for distributing which components of these significant workforce investment dollars, and to what parts of the health system. However, in terms of the committee's question about the creative use of Medicaid dollars to address the workforce shortages, this is the largest source of already approved dollars. Various New York state agencies are quickly releasing requests for proposals for different categories of the money since this waiver will have an implementation window of three (3) rather than six (6) years. The previous waiver had an implementation window of six (6) years.[11]

Schools of Social Work Project for Evidence-Based Practice (EBP) in Mental Health

Launched formally in 2003, the Schools of Social Work Project for EBP at OMH partners with 16 social work schools across New York state (four [4] are in New York City: Hunter, Yeshiva, Columbia, Fordham) to provide $4,000 stipends to second year, MSW students who participate in a "multi-modal," evidence-based educational experience. Each school recruits between two (2) and twelve (12) students who join a semester cohort. In 2021, the program began providing four slots per school for students of color, queer students, and students with lived experience of mental illness.

The students attend seminars; participate in colloquia; and undertake a field, evidence-based practice internship at a government entity or with a mental health provider approved by OMH. A faculty advisor also receives a $4,000 stipend to lead the program and supervise the field placements.

Each school has the flexibility to craft their own syllabus and activities as long as it adheres to the overall guidelines of the program. The program's

[10] https://omh.ny.gov/omhweb/rfp/2023/cmhlrp/round-three/index.html
[11] https://go.cms.gov/3Th3yjh

overall goal is to train master's-level social workers to infuse evidence-based and recovery practices for adults (aged 18 and older), who have experienced serious mental illness, into treatment and recovery.

To date, 4,402 students have taken the course since OMH launched the program. There were 214 enrolled in the 2022-2023 school year, with thirty-one (31) internships at twenty-two (22) agencies that provide mental health services.

The program launched a pilot for master's students pursuing a Mental Health Counseling degree at four universities across New York state in 2023, and another pilot is being planned for Child and Family degree programs.

OMH's First Director of Workforce Development, and A New Department Being Launched

In the fall of 2023, OMH hired Samantha Fletcher as its first director of workforce development at a soon-to-be announced department of workforce development (official title not yet released) within OMH's Planning Department. This new office has compiled and will soon release a strategic plan that highlights the state's efforts to address the workforce crisis. They are organizing to take the plan "on the road" for discussion with other stakeholders in 2024.

Governor Hochul's recent Executive Budget for 2024-25 proposed several workforce-related initiatives (which appear to be the initial focus of the strategic plan) including development of a credentialed "para-professional" track, behavioral health fellowships, a rural-focused mental health workforce initiative, and two marketing initiatives. One of these marketing initiatives will seek to build public understanding about mental health. The second initiative will encourage more people to apply for New York state jobs in the mental health field, and it will include the establishment of a job bank.

4 Are There Examples of the Creative Use of Medicaid Dollars in NY State, and How Could Any Pilots Be Evaluated and Distributed to Increase Public Funding to Address the Crisis?

There are some Medicaid-funded initiatives already underway that will enhance or increase the creative deployment of resources to address the workforce crisis.

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) DEMONSTRATION PROGRAM

In 2017, CMMS approved a pilot program to promote value-based approaches to payment for community-based mental and behavioral health care.

Known as the CCBHC demonstration program,[12] CMMS selected New York among eight (8) states to participate. In New York, the program began with the selection of thirteen (13) Article 31 and 32 clinics around the state, with five (5) in New York City across three boroughs.

As the New York State Council for Community Behavioral Healthcare, a leading advocate who pushed for the pilot in 2016, has written, what "distinguishes this program is its emphasis on coordinated care, and a restructured payment system [that] delivers high quality services and increased access to care." In 2022, CMMS approved an expansion of the pilot in New York state based on an analysis prepared for the NY State Council showing the cost savings and quality improvements of this value-based approach.

OMH issued an RFP for thirteen (13) more locations in 2023, and another RFP is currently posted for thirteen (13) more locations to be picked in the spring of 2024. Many of these sites will be in New York City, and several are or have been van Ameringen Foundation grantees. In addition to the millions of additional Medicaid dollars that have come into the state and the enhanced access to care, this program is also promoting the collaborative team approach to caring for the whole individual, including non-medical needs, and allows for all members of a care team to see the efficacy and results of their efforts with an individual and their family.

If this program approach is adopted across the community mental health and substance use services provider network, this could be a major boon to efforts to retain the workforce already in place and support more young people coming into the field.

[12] https://omh.ny.gov/omhweb/bho/ccbhc.html

CAREER PATHWAYS INITIATIVE IN THE RECENTLY APPROVED MEDICAID WAIVER FOR NY STATE

As mentioned in section 3, the biggest source of creative funding currently in the pipeline for elements of the mental health workforce, both current and future, will be the Section 1115 Medicaid waiver approved for New York state at the start of the year. According to several key informants, multiple departments are working quickly to develop, finalize, and distribute RFPs because the window to spend the money authorized in this Waiver is only three (3) years long, instead of the six (6) in the last waiver that ended in 2023.

Most of these workforce investments will come through the waiver's "Career Pathways Initiative." This initiative will cover both primary medical care and mental and behavioral health care. As interests compete for these dollars, this is an area in the short term where philanthropic dollars, if coordinated and distributed in a timely way, could leverage more dollars into innovative, community-based care for co-occurring mental illness and substance use recovery.

CARVING OUT MENTAL AND BEHAVIORAL HEALTH SERVICES FROM NEW YORK STATE'S MEDICAID MANAGED CARE PROGRAM

In the state of New York, Medicaid managed care is handled through an $80 billion contract issued annually to private, managed care organizations (MCOs). The MCOs (including Fidelis, Health First, Metro Plus, Emblem, Aetna, and United Healthcare, among them) can keep 11% of their contract value at the outset of their engagement, in addition to administrative fees. The 11% equals overhead and profit. However, advocates question how much actually goes to overhead. This is because community providers seeking payment on behalf of a Medicaid beneficiary that they have treated can almost never reach a human being at these MCOs when trying to resolve a Medicaid claims issue.

Some argue that this is using the invisible hand of the private insurance market to efficiently allocate mental health and substance use care. Others are more critical, calling it a "boondoggle" and "the wild, wild west" because the MCOs don't follow the law requiring timely reimbursement of claims, and the state has had little appetite for robust regulation and oversight of these contracts. As a result, community-based providers have been forced to increase their administrative staffs whose sole responsibilities are to chase these private insurance plans (and two

non-profit insurers) for Medicaid reimbursements. The MCOs will argue that the problem is the workforce shortage, but advocates contend that the reality is that private insurers are in effect rationing mental health care in a way that undercuts effective, culturally competent, community-based care.

After eight years and over 25 freedom of information requests, the New York State Council for Community Behavioral Healthcare eventually met with the Governor's Office and informed them that the Council was going to litigate this issue. The reason was the concern that New York state was not enforcing the expenditure target provisions governing how much of the funds the state paid the MCOs were required to be used for Medicaid services for this insurance program's beneficiaries. The Council alleged that they were overpaid and did not put the money back in the mental and substance health care system.

As a result of this advocacy, the state has thus far required the MCOs to return $444 million to OMH and OASAS for mental and behavioral health care.

Currently, advocates like the New York State Council for Community Behavioral Healthcare and its allies have called for mental health and substance use treatment and recovery services to be "carved out" of Medicaid managed care, with a new mechanism to contract directly with community providers. This carve out would enable less costly and more timely delivery of reimbursements in the system of care.

Some of these millions of dollars could also conceivably help fund a more robust mental and behavioral health workforce plan and pipeline for New York City and the state. Advocates say this would, however, require enabling legislation directing the state to spend it on workforce needs and not just returning it to the general fund or for other non-mental health or substance use treatment-related costs.

NEW YORK STATE OFFICE OF STRATEGIC WORKFORCE DEVELOPMENT

Two years ago, the Hochul Administration launched a $350 million "Strategic Workforce Development Fund."[13] The bad news: health care, and the workforce needed to respond to the state's widely acknowledged mental health crisis, was not one of the seven (7) "targeted industries" for the fund. However, one of two (2) things could happen with respect to this fund. First, the existing fund could become a model for how the state could address the mental health workforce crisis. Second, the state could create an eighth (8th) sector for primary and mental health care networks.

[13] https://esd.ny.gov/office-strategic-workforce-development

5 What Policy Advocates, Coalitions or Trade Associations Are Active on the Mental Health Workforce Crisis?

This next section of the report provides an overview of policy groups, coalitions, or trade associations that are actively addressing the mental health workforce crisis at the state level.

STATE-BASED MENTAL HEALTH ADVOCACY GROUPS

In addition to the mental health advocacy groups who have been funded by and participated in the 2018 advocacy convening organized by the van Ameringen Foundation in partnership with the Advocacy Institute (see Appendix B), listed in the table below are a group of eleven (11) policy and advocacy organizations and associations representing the public and non-profit community mental health and substance use continuum of care network in New York state.

All are based or maintain an ongoing presence in Albany. Some, like the New York State Council for Community Behavioral Health Care and SHNNY, represent different parts of the continuum of care system. Others, such as the Alliance for Rights and Recovery (formerly NYAPRS), advocate on behalf of a specific population.

NAME OF ADVOCACY GROUP OR ASSOCIATION	WEBSITE
New York State Council for Community Behavioral Healthcare	https://nyscouncil.org/
Association for Community Living Agencies in Mental Health	https://aclnys.org/
Alliance for Rights and Recovery (formerly NYAPRS)	https://rightsandrecovery.org/
Mental Health Association in New York State	https://mhanys.org
Alliance for Rights and Recovery (formerly NYAPRS)	https://rightsandrecovery.org/
NYS Coalition for Children's Behavioral Health.	https://www.ccbhny.org/
NYS Care Management Coalition	https://www.caremanagementcoalition.org/
Supportive Housing Network of New York	https://shnny.org/
National Alliance for Mental Illness – NY State	https://naminys.org/
Coalition of Medication Assisted Treatment Providers and Advocates	https://compa-ny.org/
InUnity Alliance	https://www.coalitionny.org/

The heads of these agencies meet weekly (on Wednesday afternoons) to share updates, strategy and the political machinations of New York state politics, the governor's mansion, the bureaucracy and the State Legislature. Key informants report that the groups work together in a general sense "to fight for the needs of the mental health and substance use treatment and harm reduction workforce." However, the group can be hampered by its heterogeneity with resulting disagreements over which government program, service or population to prioritize.

A key informant shared the view that the intellectual and physical disabilities advocacy network is often more effective because it has invested in public relations and media consultants. The network worked with the University of Miami, over time, to collect data and expertly tell the story of its workforce needs. The network also hired a government relations consultant that has helped wage effective advocacy campaigns to positively influence how the New York State Office of People with Developmental Disabilities addresses the needs of developmentally disabled New Yorkers.

Lastly, New York is home to several large non-profit health care provider associations that are not community-based. These include the Healthcare Association of New York State (representing hospitals and primary care providers), the Greater New York Hospital Association and the Community Healthcare Association of NY State (CHCANYS). This latter group, CHCANYS, will sometimes work in alliance with others in the group of eleven (11), but they do not attend the weekly gathering.

LABOR UNIONS

There are also a significant number of unionized workers in the private and public mental and behavioral health networks. The two (2) largest are DC 37 and SEIU 1199, the latter of which often works closely with the Greater New York Hospital Association.

Within the eleven (11) institutions that make up the NYC H + H Behavioral Health System, management negotiates with seven (7) different unions that underwrite 79 different job titles, including everything from psychiatrist to chaplains and clerical associates (see Appendix C). In addition to the aforementioned SEIU 1199 and DC 37, this list of unions includes the Committee of Interns & Residents/SEIU, Communications Workers of America - Local 1180, Doctors Council, New York State Nurses Association, and Organization of Staff Analysts.

The issue of unionization in the community provider network in New York City and around the state is a sensitive one. This is due, as reported in section two

(2) above, to the systemic challenge of state and city contracts that reimburse providers well below the actual cost of delivering their mental health and substance use and recovery services – which has been the case for decades.

In addition, many community-based providers are hampered financially because they regularly chase and struggle with the mostly for-profit managed care organizations with whom the state of New York contracts to reimburse for services under Medicaid. These reimbursements often come months late. As a result of chronically underfunded city and state contracts and struggles with private insurers to provide timely Medicaid reimbursements, the issue of unionizing in the non-profit community-based service provider community is one that should be very thoughtfully and carefully considered as a strategy to address the mental health workforce crisis. Many advocates rightly argue that community providers would not be able to meet the revenue goals required to fulfill the commitments made under collective bargaining at the heart of unionized workforces.

SOCIAL WORKERS FOR JUSTICE

Another advocacy group that has emerged in New York in recent years is Social Workers for Justice (socialworkersforjustice.org). According to their website, Social Workers for Justice is made up of social workers, parents, neighbors and mental health workers who partner with clients and communities to achieve systemic change. Their mission focuses on equity and justice, and they seek to create a system in which social workers work in solidarity with urban, suburban and rural New Yorkers to ensure that they "get what they need, are treated fairly" and that every New Yorker has a "fighting chance to fulfill [their] human potential."

Their current campaign is focused on passing the "Social Work Workforce Act," which would eliminate the LMSW Licensure Exam in New York. According to research done on the Association of Social Work Boards data on pass/fail rates, licensure test questions across the U.S. have been shown to be "highly subjective and culturally specific," and not reflective of the current workforce. Eighteen (18) states are now working on similar legislation. It is important to note that eliminating the test does not mean licensure is eliminated. Rather, licensure would be incorporated into the educational process through assessment and evaluation in classroom and field hours under supervision.

According to a recent post on the National Association of Social Work Blog, the state of Illinois recently eliminated its Licensed Social Worker (LSW) exam. As a result, the number of licensed, non-independent social workers doubled in that state. Between December 2021, when Governor Pritzker signed the bill eliminating the test, and December 2023, the number of LSWs increased from 5,037 to a record 10,086 LSWs in Illinois – a state also facing a severe shortage of qualified mental health professionals.

This struggle over the LMSW licensure, which is also beginning to play out over the LCSW exam as well, is part of a long-running fight over "scope of practice" and licensure in New York. Many advocates would like to see the state loosen its narrowly prescribed roles for different kinds of workers in the mental health and behavioral health continuum of care. This would reduce the high cost of licensure and allow paraprofessionals and potentially peer-certified workers to do more in the delivery of mental health care – and, most significantly, to be adequately compensated for it.

BUMP IT UP! CAMPAIGN

Increasing the annual COLA for contractors of mental health and other human services remains a perennial fight in New York state. COLA increases come to providers as a Medicaid rate increase. In 2007, the state of New York passed a statute requiring the governor and legislature to include a COLA tied to the Consumer Price Index. In 2022,

Governor Hochul proposed allowing the law to expire, which the New York State Legislature accepted.

Nonetheless, in May of 2023, thanks to their hard work and diligence, mental health and residential treatment advocates successfully held New York Governor Kathy Hochul to her commitments to increase COLA rates for contracted providers. However, the increase of 4% in the 2023-2024 state budget was less than half of what was being called for by advocacy groups including the Association of Community Living Agencies in Mental Health ACLAIMH (now called Association of Community Living) and SHNNY. Overall, the 4% increase provided $39 million more for residential psychiatric care facilities and supportive housing providers.

While this was a big win, it does not make up for years of New York state budgets that contained no increases for the community mental health sector. The need for philanthropy to provide more advocacy funding to groups like VOCAL NY, SHNNY and ACLAIMH is more critical than ever and is an essential component of the ongoing struggle to address the mental health workforce crisis that disproportionately affects low-income New Yorkers of color seeking mental health care.

Meanwhile, base pay for human services workers, including mental health paraprofessionals, who are overwhelmingly women of color has stagnated. In the face of this, human services providers have joined together to launch an advocacy campaign called Bump It Up!, which calls for state government to increase the base pay of the direct care workers employed by non-profit, human service agencies who contract with the state and New York City.

The heads of many past and current van Ameringen grantees are in leadership of Bump It Up! It is intended to bolster other efforts to increase annual COLAs under the Medicaid system, which van Ameringen has previously supported. These other efforts have included Bring It Home!, the ACLAIMH-led effort that helped win the first substantial COLA increase in a decade in 2022-2023, and Healthy Minds, Healthy Kids!, led by Citizens Committee for Children, which has protected and enhanced mental health funding for children in New York City and the state.

NATIONAL ASSOCIATION OF SOCIAL WORKERS – NEW YORK STATE CHAPTER

Another proponent of the Social Work Workforce Act is the New York Chapter of the National Association of Social Workers (NASW-NYS). The NASW-NYS is also spearheading passage of a student loan forgiveness bill, which has sponsorship in the New York State Assembly and the New York State Senate. The previous head of NASW-NYS was Sam Fletcher, the new director of workforce development at the New York State Office of Mental Health (highlighted above in section III.C.5). A key informant shared that Sam “reinvigorated” NASW-NYS chapter, and there are high hopes for the leadership potential of her successor, Dr. Shakira Kennedy, PhD, LMSW.

There is also a NASW-NYS chapter. They are currently without an executive director.

6 How Are Academia or Training Institutions Addressing the Workforce Crisis?

Another key question framing this research has been: to what extent are the colleges and universities who train mental health workers, and social workers in particular, networked or actively working together to address the workforce crisis beyond their own halls? Further, could this network be enlisted in the struggle to obtain more resources to address the community mental health and workforce development crises? This section highlights some answers to these questions.

New York state is home to 56 accredited social work programs and schools, which is the highest number in the United States. Along with California, New York is considered the most highly regulated state when it comes to social work standards and requirements for licensure and practice.

Thirty-three (33) of New York's social work programs are at the baccalaureate level, with 23 at the master's level. Most of these programs are located in and around New York City, with the rest fairly well distributed across the state. There are also several doctoral programs in social work, which focus on clinical work and/or research.

New York has two networks that bring together deans and/or directors and other staff and administrators from academic social work and mental health training programs from around the state.

NEW YORK STATE ASSOCIATION OF DEANS OF SOCIAL WORK SCHOOLS

The first is the New York State Association of Deans of Social Work Schools. Reportedly founded in 1973, this Association is a duly registered 501c3 with the IRS. According to their most recent 990, the Association has net assets of $34,000. They do not currently have a website.

A key informant described the Association as more of an informal group that is supported by a part-time coordinator housed at SUNY Albany. Members of this Association are reported to be allied with and supporting the Social Workers for Justice Campaign to eliminate the licensure exam for MSW students.

NEW YORK STATE SOCIAL WORK EDUCATION ASSOCIATION (NYSSWEA)

The second association of social work schools is the NYSSWEA.[13] NYSSWEA's mission is to "provide a forum and a network for faculty, deans and directors, field instructors, students, practitioners, and administrators to exchange knowledge and information regarding social work education and related issues." Their website lists thirteen (13) institutional members including Fordham University, Lehman College, Yeshiva University, and the NYU Silver School of Social Work.

[13] https://nysswea.org/

In October 2023, NYSSWEA held their 56th annual statewide conference, entitled "Courageous Social Work: Implications for Justice Centered Teaching, Learning and Practice."

While it does not appear that either organization has a robust advocacy agenda, full-time staff, or extensive programming beyond NYSSWEA's annual conference, it is promising to see some network infrastructure amongst social work schools and many actively engaged with workforce issues like reform of the licensure process, tuition reimbursement, and an increase in scholarship funding.

CITY UNIVERSITY OF NEW YORK, INSTITUTE FOR STATE & LOCAL GOVERNANCE (CUNY-ISLR)

Eric Brettschneider, a senior fellow at the CUNY-ISLR and former deputy commissioner of New York City's Administration for Children's Services, has been leading a major research study regarding young people of color and careers in community mental health.[14] In early 2023, an anonymous family foundation hired Eric to conduct an in-depth look at the career pathways and obstacles confronting BIPOC youth seeking to enter the community mental health and other human service fields. In 2023, Eric and his ISLR support team conducted some 120 key informant interviews.

Eric's ISLR report is expected to be published in May 2024. It is hoped that the report will provide important data and outline concrete strategies to address the mental health workforce crisis in the years to come.

STATE UNIVERSITY OF NEW YORK/OMH MENTAL HEALTH SCHOLARSHIP PROGRAM

In August 2022, Governor Hochul directed $4 million in federal aid to establish the SUNY/OMH Mental Health Scholarship Program.[15] The Program provides scholarships, paid internships, fee waivers for graduate school applicants and other supports to students applying to SUNY's myriad mental health degree programs. Forty-eight (48) of SUNY's sixty-four (64) campuses offer some kind of mental or behavioral certification and more advanced degrees (see Appendix D).

The program's goals focus on attracting and graduating students trained in a range of mental health professions and to improve services and care for individuals who have historically lacked quality mental health care. It provides up to three (3) years of tuition, room and board, and other fees. Preference is provided to "students from low-income households, first generation college students, veterans, AmeriCorps alumni, students who have 'overcome adversity,' and bi/multi-lingual students." Undergraduates can receive up to $9,000 per year and graduate students up to $15,000, based on need.

SUNY has also launched a new workforce-focused initiative, which is being headed up by Valerie Grey, the former head of the Health Association of New York State.

[14] https://islg.cuny.edu/resources/barriers-to-bipoc-representation

[15] https://www.suny.edu/suny-news/press-releases/2-24/2-21-24/mentalhealth-scholarship.html

7 Who Are the Other Philanthropies That vAF Might Partner With to Address the Mental Health Workforce Crisis?

In November 2023, a group of foundations seeking to address the mental health workforce crisis launched a Mental Health Workforce Crisis Group that has met several times, both virtually and in person. The following foundations have participated in MH Workforce Crisis Group meetings:

FOUNDATION	STAFF PEOPLE	MISSION FOCUS
Anonymous Family Foundation	Hildy Simmons, Advisor Eric Brettschneider, Consultant	Youth mental health and career pathways
Black Family Philanthropies	Kelvin Chan, ED	Health and well-being of low-income parents and children
Carmel Hill Foundation	Itai Dinour, ED Betsy Fader, Consultant	Youth literacy and mental health advocacy
Grey Foundation	Charissa Fernandez, President Charlotte Baynard, Program Officer	Youth development
NYC Workforce Funders Group	Judith Smith, Coordinator	Workforce development
Robin Hood Foundation	Nirvani Budhram, Director	Education program
Solon E. Summerfield Foundation	Laurel Dumont, Advisor Casey Chamberlain, Program Support	Pathways for disadvantaged Youth into higher education
Tiger Foundation	Amy Barger, Program Officer	Workforce development and youth
Trinity Wall Street Church Foundation	Susan Shah, Managing Director (departing) Jessica Athens, Research and Impact Lead Syed Ali, Special Initiatives	Housing, human services, education, racial justice, lower Manhattan, mental health
van Ameringen Foundation	Marsha Cohen, Executive Director	Access to innovative mental health care in low resource communities

The first two meetings in November and December 2023 were devoted to learning more about each foundation, their interest in the mental health workforce crisis, and defining the potential goals and shared values of the working group. At the conclusion of the second meeting, members requested that we begin monthly presentations and discussions with key leaders addressing the workforce crisis.

At the January 2024 meeting, the executive director, the deputy executive director and director of strategic initiatives at the NYC-MOCMH presented their efforts to address critical workforce shortages, which centered on development of a peer certification pathway in the culturally competent care provider system, among other initiatives. At the gathering in March 2024, the group heard from one of New York's outstanding mental health advocates, Lauri Cole, who is the longtime head of the New York State Council for Community Behavioral Healthcare.

At the April 2024 gathering, the working group met with Barry Chaffkin, co-founder and CEO of Fostering Change for Children (FCC). In 2011, FCC launched the Children's Corps Program, which recruits, trains and supports a more diverse community of case management professionals who are committed to reuniting and strengthening families in New York City's child welfare system.

Several working group members are already coordinating grants or co-funding to address mental health workforce issues, particularly as they relate to preventative strategies for youth. These include a set of coordinated grants from Trinity, Summerfield, Carmel Hill Fund and the Grey Foundation to eight (8) of New York City's leading youth mental health providers; a Trinity and Sommerfield joint grant to the Fund for Public Schools to create a Social Work, Future Ready career track offered within New York City high schools; and grants from Black Family Philanthropies, Trinity, and Sommerfield to address an array of workforce needs and vacancies within H + H, Behavioral Health Department.

It is expected that if formally launched with funding, the working group would deepen its shared learning and coordination and possibly initiate a collaborative fund. The group would seek to enlist other interested funders who could bring their resources to bear.

One of the promising learnings in this process has been how many more funders are now actively grantmaking to address mental health needs since I served as the van Ameringen Foundation's executive director from 2016-2022. What is considerably less developed is a set of funders effectively organized, coordinating with one another, and leveraging resources to address the mental health workforce crisis in the deeper, sustained way that is required to achieve a dent in workforce shortages across the care continuum.

Appendices

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van Ameringen Foundation Mental Health Workforce Crisis Project – Phase II Consultant Scope of Work

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APPENDIX A

van Ameringen Foundation Mental Health Workforce Crisis Project – Phase II Consultant Scope of Work

BACKGROUND

Between January and July 2023, the van Ameringen Foundation undertook initial research and compiled a report on the mental health workforce crisis, with a focus on Philadelphia and New York City. This work was in response to a growing number of vAF grantees who reported an inability to fulfill their grant objectives due to a workforce development crisis in the Mental Health (MH) field. Specifically, 24 of 32 Direct Service vAF grantees from vAF's June 2021 and 2022 grant cycles could not fill their managerial/clinical mental health positions to meet their grant objectives, undermining the Foundation's ability to deliver on its critical mission.

The vAF Board has decided to move forward to a second phase of this scoping and planning effort. In this second phase, the consultant will narrow the focus to New York City's crisis and will be tasked with following activities:

1. **Complete a landscape analysis** of New York State public actors, advocates and key influencers of MH workforce policies and practices, who are promoting culturally competent mental health clinical and direct service workers for New York City's underserved populations.
2. **Identify key individuals/entities** in academia and training institutions, including labor and any private sector organizations, who are playing a leadership role in influencing funding and policy change at the systems level.
3. **Develop specific recommendations** for the vAF trustees regarding an effective but limited role the Foundation can play in supporting efforts to address the crisis. This would include efforts that could define and build broad support for a successful advocacy strategy to increase financing and enact policies, laws, and new practices to address the crises. Key questions, such as what other funders are willing to take leadership or participate in an initiative like this? What should the role of philanthropy be? And what support would philanthropy need to provide to the public or non-profit sectors to make progress to address the crisis should be addressed in the report and recommendations. These recommendations should be based on the Board's collective desire to take action to address the crisis, but within the capacity and resource limitations of the Foundation.

HOW WILL THIS EFFORT WORK?

The consultant will have five (5) months (Oct 2023 - Feb 2024) to complete this second phase of

Workforce Development Roadmap Project and will deliver a report by Feb 28, 2024.The Consultant will make himself available, should the vAF Board or Committee members so request, to present the scope and initial findings of his work at vAF's November 14, 2023, Board Meeting. In addition, the consultant will be available for a potential special meeting of the vAF Board, should the trustees decide this is necessary, on or about March 1, 2024.

KEY QUESTIONS:

The key questions this work will address include, but are not limited to:

1. What is New York State (meaning public agencies) doing to address the MH workforce crisis affecting New York City, and how are they, or not, working in coordination with NYC agencies identified in Phase I?
2. What policy advocates, coalitions or trade associations are active on the MH crisis affecting NYC?
3. With an emphasis on those institutions that have practical training and licensure relationships with providers in New York City, who are, and how are, academia and training organizations addressing this issue? Are they networked and roughly how many are supporting community-based providers that contract with DOHMH or the Health and Hospitals Corporation - Behavioral Health Department?
4. Are there examples of the creative use of Medicaid dollars in NY State, and how could any pilots be evaluated and distributed to increase public funding to address the crisis?
5. Who, captured in a detailed, vetted list, are the other Philanthropic entities that vAF might partner with to address the issue? Are other potential philanthropic partners interested in collaborating on a convening to consider the multiple causes, and potential solutions, to the MH workforce development crisis?

The consultant's final report will include the following:

DELIVERABLES

The deliverables for this engagement would be:

- → The report will include a complete the list of potential "partners" (academic institutions, state agencies, hospital systems, coalitions, trade associations, foundations – which will be in addition to the NYC agencies and groups already identified in phase I), at the city and state level who are developing and advocating for relevant ideas and solutions that fund more, train more, and add pathways for workforce development in the mental health service arena in New York City.
- → Possible progress report at the vAF November 14, 2023, Board Meeting, and a potential, special board meeting specific to this project in the winter/spring of 2024.
- → The report will address the interest of other funders or agencies participating in NYC metro-based efforts, including potential participating foundations and agencies.

DURATION

- → Engagement beginning on or about October 6, 2023, and ending on or about March 15, 2024.

APPENDIX B

New York City Mayor's Office of Community Mental Health – Workforce Initiatives Presentation, January 30, 2024

Mayor's Office of Community Mental Health

January 30, 2024

NYC Mayor's Office of Community Mental Health

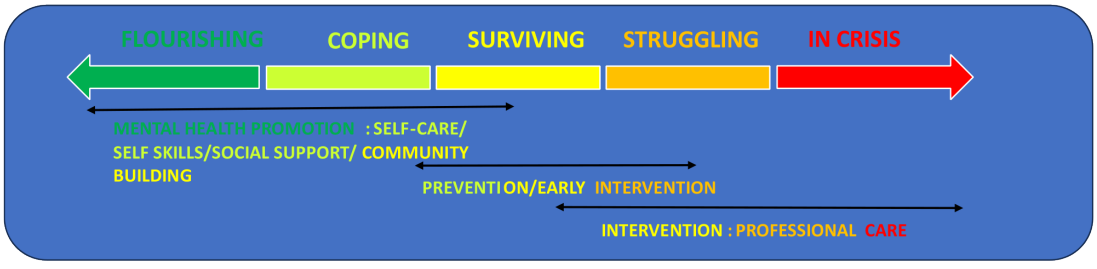
January 2024

About OCMH

OCMH coordinates and develops citywide policies and strategies to fill critical gaps in mental healthcare, so that more people can get the mental health support they need to live healthy and content lives.

Our Strategic Priorities include:

- Improving Access to Mental Health Care and Equitable Distribution of Resources
- Partnering with Communities to StrengthenMental Health Promotion and Community Resilience
- **Building and Supporting the Mental Health Workforcein NYC**
- Developing a Coordinated Mental Health Crisis ResponseSystem



The Mental Health Workforce Crisis

1 Workforce Shortage

2 Lack of Diversity and Inclusion

3 Workforce Burnout

A Collaborative Approach: Enhancing Workforce and Community through Trust-Based Partnership

OCMH Mental Health Workforce Strategies

Talent: Strengthen the Existing Workforce

Capacity: Strengthen Communities by Investing in Staff

Career Pathway: Increase Access to Behavorial Health Credentials

Apprenticeship: Create Early Career Exposure and Paid Work-based Learning

Talent: Strengthen the Existing Workforce

- Enable advanced clinicians to work at the top of their licensure
- Expand and develop the workforce of community health workers and peers
- Increase investments in quality supervision, continuing education and advancement, and financial incentives
- Make structural changes to how mental health care is paid for to maximize funds and quality services

Image by Freepik

Capacity: Strengthen Communities by Investing in Staff

- Create upskilling opportunities and wellness resources for the clinical and non-clinical mental health workforce:
  - ➢ *Scalable Mental Health Interventions*
  - ➢ *The Academy for Community Behavioral Health*
- Update State and City regulations to expand hiring and working opportunities

RECOUP-NY

"People who are un -lettered have been taking care of each other throughout time; the clinician is not the lead here, it's the person who has the concern – an important shift in paradigm!"

Career Pathway: Increase Equitable Access to Behavorial Health Credentials

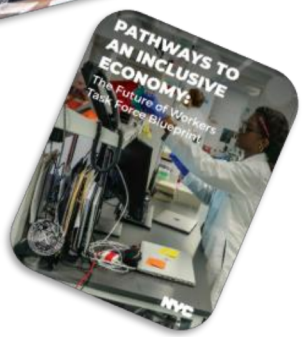
- Develop new behavioral health career pathways for early exposure and mid-level professional advancement
- Promote careers in mental health and diversify the workforce through increased awareness and access

"It is not enough to have one-off trainings. CHWs want the opportunity to gain credentials and have something to show for not, just attending trainings, but mastering & applying the skills taught."

Apprenticeships: Create Early Career Exposure and Paid Work-Based Learning

"Today I'm proud to announce that we will connect 30,000 New Yorkers to apprenticeships by 2030...This is on -the-job experience with an opportunity for permanent employment in high demand careers."

- Mayor Adams, State of the City address, January 2023



- Explore national and international models for apprenticeships; pilot adaptations for behavioral health
  - ➢ *Swiss Apprenticeship Model*
- Scale-up paid graduate level and post-grad mental health practicums

APPENDIX C

Participant List for 2019 van Ameringen Foundation Advocacy Grantee Convening

NAME	ORGANIZATION
Toni Lasicki	Association of Community Living Agencies in Mental Health
Kristin Morse	Center for NYC Affairs/The New School
Jennifer A March	Citizens' Committee for Children of NY
Alice Bufkin	Citizens' Committee for Children of NY
Ileana Mendez-Penate	Communities United for Police Reform
Phil Miller	Correctional Association of New York
Jennifer Scaife	Correctional Association of New York
Nina Loewenstein	Disability Rights New York/Director of PAIMI Program
Elena Landriscina	Disability Rights New York/Director of PAIMI Program
Jeffrey Coots	From Punishment to Public Health (P2PH), John Jay College of Criminal Justice
Steven Pacheco	From Punishment to Public Health (P2PH), John Jay College of Criminal Justice
Yeireline Rodrigue	From Punishment to Public Health (P2PH), John Jay College of Criminal Justice
Christine Khaikin	Legal Action Center
Tracie Gardner	Legal Action Center
Becca Telzak	Make the Road New York
Sonia Sendoya	Make the Road New York
Fred Riccardi	Medicare Rights Center
Phillip Saperia	Medicare Rights Center
Martin Gromulat	Mental Health Advocate
Kevin Cremin	Mobilization for Justice
Elizabeth Filatova	Mobilization for Justice
Jamil Hamilton	NAMI NYC
Matt Kudish	NAMI NYC
Raymond Schwartz	NAMI NYC

NAME	ORGANIZATION
Victor Pate	New York Campaign For Alternatives To Isolated Confinement
Martin Gromulut	New York Campaign For Alternatives To Isolated Confinement
Seongeun Chun	New York Immigration Coalition
Claudia Calhoon	New York Immigration Coalition
Max Hadler	New York Immigration Coalition
Maclain Berhaupt	Supportive Housing Network of New York
Cynthia Stuart	Supportive Housing Network of New York
Frankie Herrmann	Urban Justice Center Mental Health Project
Rachel Gerson	Urban Justice Center Mental Health Project
Victoria Phillips	Urban Justice Center Mental Health Project
Lisa Furst	Vibrant Emotional Health (MHANYC)
Alyssa Aguilera	VOCAL-NY
Jawanza Williams	VOCAL-NY
Harvey Rosenthal	New York Association of Psychiatric Rehabilitation Services

APPENDIX D

List of Unionized Staff Positions Within the New York City Health & Hospitals Corporation System, and the Unions Who Represent Them

UNION	TITLE
CIR-CBU021	Jr Psychiatrist PGY-L III
	Jr Psychiatrist PGY-L IV
	Jr Psychiatrist PGY-L V
	Jr Psychiatrist PGY-L VI
	Resident PGY - L I
	Resident PGY - L II
	Resident PGY - L III
	Resident PGY - L IV
	Resident PGY - L V
CWA-1180-CBU023	Assistant Director (Hospitals)
	Ast Coordinating Mgr
	Coordinating Mgr - L A
	Coordinating Mgr - L B
	HCPPA
	Princ Admin Assoc- LI
	Princ Admin Assoc- LII

UNION	TITLE
DC37	Activity Therapist - LI
	Activity Therapist - LII
	Activity Therapist - LIII
	Addiction Counselor - L I
	Addiction Counselor - L II
	Addiction Program Admin
	Ambulatory Care Tech
	Aso Correctional Couns - L II
	Aso Staff Speech Path-L I
	Aso Staff Speech Path-L II
	Assistant HCPPA
	Ast Addiction Counselor
	Behavioral Health Assoc
	Caseworker
	Chaplain
	Children's Counselor
	City Research Scientist L III
	Clerical Associate - L II
	Clerical Associate - L III
	Clerical Associate - L IV
	Client Navigator - Lvl I
	Client Navigator - Lvl II
	Community Assistant
	Community Associate
	Community Coordinator
	Community Liaison Worker L IV
	Community Liaison Wrkr Lvl I
	Community Liaison Wrkr Lvl III
	Community Liaison Wrkr Lvl II

UNION	TITLE
DC37	Consultant (Pub Hlth/Soc Wrk)
	Creative Arts Thrpst-L I
	Creative Arts Thrpst-L II
	Creative Arts Thrpst-L III
	Hosp Care Investigator
	Institutional Aide
	Medical Records Specialist
	Medicine-Surgery Tech
	Mental Health Assistant
	Mental Health Counselor-L II
	Mental Hlth Counslr-L I
	Mental Hlth Counslr-L III
	Motor Vehicle Operator
	Motor Vehicle Supv
	Nurse Aide (Trnsprt Escrt)
	Nurse's Aide
	Patient Care Associate
	Patient Care Technician
	Peer Counselor - Lvl I
	Peer Counselor - Lvl II
	Peer Counselor - Lvl III
	Physician Assistant L II
	Psychologist - Lvl I
	Psychologist - Lvl II
	Psychologist - Lvl III
	Psychologist Level I
	Psychologist Level II
	Psychologist Level III
	Psychtrc/Social Hlth Tech

UNION	TITLE
DC37	Public Health Adviser-L I
	Public Health Adviser-L II
	Rehabilitation Counselor
	Rehabilitation Tech
	Secretary - Lvl IIa
	Secretary - Lvl IIb
	Secretary - Lvl IIIa
	Secretary - Lvl IIIb
	Service Aide
	Social Worker - Lvl I
	Social Worker - Lvl II
	Social Worker - Lvl III
	Social Worker - Lvl IV
	Social Worker - Lvl V
	Social Worker MHSC
	Sr Addiction Cnslr - L I
	Sr Addiction Cnslr - L II
	Sr Aso Occupat Thrpst-LII
	Sr Rehab Counselor
	Supv Children's Counselor
	Supv II (Social Work)
	Supv of Behavioral Health Asso
DOCC-CBU035	Attending Physician(AS)-L III
	Attending Physician-L II-(HR)
	Attending Physician-L III-(HR)
	Physician Specialist
	Physician-L I (Per Hour)
	Psychiatrist (Hourly)

UNION	TITLE
NYSNA-CBU075	Accountable Care Manager
	Ast Head Nurse
	Head Nurse
	Nurse Educator, Level II
	Nurse Practitioner
	Nurse Practitioner (PC/BH)
	Nurse Practitioner CHS
	Psych Nurse Practitioner (CHS)
	Staff Nurse
	Staff Nurse (Per Hour)
	Supv of Nurses
OSA-OSA-CBU180	Associate Director (Hospitals)
	Ast Dir, Trng / Dev-A
	Clinical Business Analyst LI
	Clinical Business Analyst LII
	Clinical Business Analyst LIII
	Director of HCPPA Lvl II
	Director of HCPPA Lvl III
	Program Mgr, Trng / Dev LII
	Sr HCPPA- L A
	Sr HCPPA- L B
	Systems Analyst
	Training and Development Rep
SEIU-1199-CBU065	Licensed Practical Nurse
	Dietitian-L II

APPENDIX E

List of State University of New York (SUNY) Campuses Offering Mental Health Training Certificates and Degrees

CAMPUS	ACADEMIC PROGRAM	AWARD NAME
Albany	Autism	Adv Cert
	Behavioral Neuroscience	Ph.D.
	Clinical Psychology	Ph.D.
	Cognitive Psychology	Ph.D.
	Counseling Psychology	M.S., Ph.D.
	Educational Psychology	Ph.D.
	Educational Psychology & Methodology	M.S.
	Industrial & Organizational Psychology	M.A.
	Industrial/Organizational Psychology	Ph.D.
	Mental Health Counseling	M.S.
	Psychology	B.A.
	Psychology/Information Science	B.A.,M.S.
	Psychology/Mental Health Counseling	B.A.,M.S.
	Psychology/Law	B.A.,J.D.
	Psychology	M.A.
	School Psychologist	Adv Cert
	School Psychology	Psy.D.
	Social Welfare	B.S.
	Social Welfare/Information Science	B.S.,M.S.
	Social Welfare/Law	B.S.,J.D.
	Social Welfare	M.S.W.,Ph.D.
	Social Welfare	M.S.W.,Ph.D.

CAMPUS	ACADEMIC PROGRAM	AWARD NAME
Albany	Social Welfare	Ph.D.
	Criminal Justice/Social Welfare Management	M.A.,M.S.W.
	Criminal Justice/Social Welfare Management	M.A.,M.S.W.
	Social Work	M.S.W.
	Social Work/Law	M.S.W.,J.D.
	Social Work	M.S.W.
	Social Work/Law	M.S.W.,J.D.
	Bioethics/Social Work	M.S.,M.S.W.
	Social Work/Public Health	Non-Granting, M.P.H.,M.S.W.
	Social/Personality Psychology	Ph.D.
Binghamton	Behavioral Neuroscience	Ph.D.
	Business Administration/Psychology	B.A.,M.B.A.
	Clinical Psychology	Ph.D.
	Cognitive Psychology	Ph.D.
	Family Psychiatric Mental Health Clinical Nurse Specialist	D.N.P.
	Family Psychiatric Mental Health Nurse Practitioner	Adv Cert, D.N.P.
	Psychiatric Nursing	M.S.
	Psychology	B.A., M.S.
	Public Administration/Social Work	M.P.A.,M.S.W.
	Social Work	B.S.W., M.S.W.
	Social Work in Health Care	Adv Cert
	Spanish/Social Work	M.A.,M.S.W.
	Student Affairs Administration/Social Work	M.S.,M.S.W.
Buffalo Univ	Behavioral Neuroscience	Ph.D.
	Clinical Psychology	Ph.D.
	Cognitive Psychology	Ph.D.
	Counseling/School Psychology	Ph.D.
	Educational Psychology & Quantitative Methods	M.A., Ph.D.
	Genetic Counseling	M.S.

CAMPUS	ACADEMIC PROGRAM	AWARD NAME
Buffalo Univ	Mental Health Counseling	Adv Cert, M.S.
	Mindful Counseling for Wellness & Engagement	Adv Cert
	Psychiatric Mental Health Nurse Practitioner	Adv Cert
	Psychiatric/Mental Health Nurse Practitioner	D.N.P.
	Psychology	B.A., B.S., M.A.
	Rehabilitation Counseling	Adv Cert, M.A.
	School Psychology	Adv Cert, M.A.
	Social Welfare	D.S.W., Ph.D.
	Social Work	M.S.W.
	Social Science Interdisciplinary/Social Work	M.S.,M.S.W.
	Social Work (Accelerated)/Business Administration	M.B.A.,M.S.W.
	Social Science Interdisciplinary/Social Work	M.S.,M.S.W.
	Social Work/Business Administration	M.B.A.,M.S.W.
	Sociology/Social Work	B.A.,M.S.W.
	Social Work/Law	M.S.W.,J.D.
	Social Work	M.S.W.
	Public Health/Social Work	M.P.H.,M.S.W.
	Social Work/Social Welfare	M.S.W.,Ph.D.
	Sociology/Social Work	B.A.,M.S.W.
	Law/Social Work	M.S.W.,J.D.
	Social-Personality Psychology	Ph.D.
Cornell-Ag and Life	Psychology	M.A., Ph.D.
Cornell-Human Ecol	Developmental Psychology	M.A., Ph.D.
	Developmental Psychology/Law	Ph.D.,J.D.
	Human Development	B.S.
	Human Development/Health Administration	B.S.,M.H.A.
	Psychology	M.A., Ph.D.

CAMPUS	ACADEMIC PROGRAM	AWARD NAME
Downstate Medical	Applied Behavior Analysis	M.S.
	Psychiatric Nursing/Foreign Nurse Grads	NC CERT
SUNY Poly	Psychiatric Mental Health Nurse Practitioner	Adv Cert, D.N.P.
	Psychology	B.A.
	Liberal Arts & Sciences: General Studies/Psychology	A.A.,B.A.
	Human Services/Psychology	A.A.S.,B.A.
Stony Brook	Clinical Psychology	M.Phil., Ph.D.
	Forensic Social Work	Adv Cert
	Mental Health/Psychiatric Nursing	B.S.,M.S.
	Nursing Practice: Mental Health/Psychiatric Nursing	D.N.P.
	Psychiatric Mental Health Nurse Practitioner	Adv Cert, D.N.P.
	Psychiatric-Mental Health Nurse Practitioner	M.S.
	Psychology	B.A.
	Psychology/Business Administration	B.A.,M.B.A.
	Psychology/Business Administration	B.S.,M.B.A.
	Psychology	B.S.
	Psychology	M.A.
	Quantitative Methods	Adv Cert
	Social Welfare	M.Phil., Ph.D.
	Social Work	M.S.W.
	Social Work/Law	M.S.W.,J.D.
	Social Work	M.S.W.
	Social Work/Law	M.S.W.,J.D.
	Social Work/Public Health	M.P.H.,M.S.W.
	Social Work/Public Health	M.P.H.,M.S.W.
	Social Work/Medical Humanities, Compassionate Care & Bioethics	M.A.,M.S.W.
	Social Work [Four-Year Format]	B.S.
	Social/Health Psychology	M.Phil., Ph.D.

CAMPUS	ACADEMIC PROGRAM	AWARD NAME
Upstate Medical	Behavior Analysis Studies	M.S.
	Family Psychiatric/Mental Health Nurse Practitioner	Adv Cert, D.N.P., M.S.
Brockport	Addictions and Behavioral Health	B.S.
	Developmental Disabilities	CERT
	Gerontological Social Work	Adv Cert
	Mental Health Counseling	Adv Cert, M.S.
	Psychology	B.A., B.S., M.A., B.S./M.A.
	Social Work	B.S., M.S.W.
Buffalo State	Applied Behavior Analysis	M.S.
	Applied Psychology	B.A.
	Psychological Science	B.S.
	Social Work	B.S.
Cortland	Psychology	B.A., B.S.
	Therapeutic Recreation	Adv Cert, B.S.
Empire State	Applied Behavior Analysis	M.S.
	Crisis Prevention and Intervention	CERT
	Psychology	B.A.
Fredonia	Clinical Mental Health Counseling	M.S.
	Psychology	B.A., B.S.
	Social Work	B.S.
Geneseo	Psychology	B.A.
New Paltz	Behavior Analysis & Interdisciplinary Autism Studies	M.S.
	Clinical Mental Health Counseling	M.S.
	Mental Health Counseling	Adv Cert
	Psychological Science	M.S.
	Psychology	B.A., B.S., M.A.
	Trauma and Disaster Mental Health	Adv Cert
Old Westbury	Mental Health Counseling	M.S.
	Psychology	B.A., B.S.

CAMPUS	ACADEMIC PROGRAM	AWARD NAME
Oneonta	Counseling	M.S.
	Psychology	B.S.
Oswego	Behavioral Forensics	Adv Cert
	Interdisciplinary Trauma Studies	Adv Cert
	Mental Health Counseling	M.S.
	Human Services/Psychology	A.A.S.,B.A.
	Philosophy And Psychology	B.A.
	Psychology	B.A.
	Psychology/Human Computer Interaction	B.A.,M.A.
	Psychology/Business Administration	B.A.,M.B.A.
	Psychology	B.S.
	Psychology	M.A.
	School Psychology	Adv Cert
	School Psychology/School Psychology	Adv Cert,M.S.
	School Psychology	M.S.
Oswego Metro	Mental Health Counseling	M.S.
Plattsburgh	Clinical Mental Health Counseling	M.S.
	Psychology	B.A., B.S.
	School Psychology	Adv Cert, M.A.
	Social Work	B.S.
Plattsburgh-Adiron	Psychology	B.A., B.S.
Potsdam	Psychology	B.A.
Purchase	Psychology	B.A.
Canton	Applied Psychology	B.S.
Cobleskill	Applied Psychology	B.S.
	Therapeutic Horsemanship	B.Tech.
Farmingdale	Applied Psychology	B.S.
Morrisville	Applied Psychology	B.S.

CAMPUS	ACADEMIC PROGRAM	AWARD NAME
Adirondack	Criminal Justice: Substance Abuse Services	A.A.S.
Broome	Chemical Dependency Counseling	A.A.S., CERT
Clinton	Alcohol/Substance Abuse Counseling	CERT
	Applied Psychology	A.S.
Corning	Chemical Dependency Counseling	A.A.S.
Dutchess	Chemical Dependency Counseling	CERT
	Mental Health Assistant	A.A.S.
Erie-City	Mental Health Assistant-Substance Abuse	A.S.
Finger Lakes	Chemical Dependency Counseling	A.A.S.
	Psychology	A.S.
Fulton-Montgomery	Addiction Services	A.A.S., CERT
Genesee	Alcohol and Substance Abuse Studies	A.S.
Herkimer County	Psychology	A.A.
Hudson Valley	Addictions Counseling	A.A.S.
	Community and Public Health	A.A.S., A.S., CERT
	Psychology	A.A.
Jamestown-Cattarau	Addictions Counseling	A.S., CERT
Jamestown-Main	Addictions Counseling	A.S., CERT
Jefferson	Addiction Studies	A.A.S.
MVCC-Rome	Chemical Dependency Practitioner	A.A.S.
Mohawk Valley	Chemical Dependency Practitioner	A.A.S.
	Liberal Arts & Sciences: Psychology	A.S.
Monroe	Addictions Counseling	A.S., CERT
	Care Coordination - Community Health Navigation	CERT
	Direct Disability Support Services	CERT
	Hospital and Community Mental Health Tech	A.A.S.
	Psychology	A.S.

CAMPUS	ACADEMIC PROGRAM	AWARD NAME
Monroe-Downtown	Addictions Counseling	A.S., CERT
	Direct Disability Support Services	CERT
	Hospital and Community Mental Health Tech	A.A.S.
	Psychology	A.S.
Nassau	Alcohol & Substance Abuse Counselor	CERT
	Alcoholism & Addiction Counseling	A.S.
Niagara County	Chemical Dependency Counseling	CERT
	Psychology	A.S.
North Country-Malone	Chemical Dependency Counseling	A.A.S.
North Country-Srnac	Chemical Dependency Counseling	A.A.S.
	Community Mental Health Asst-Gerontology	A.A.S.
Onondaga	Direct Support Professional	CERT
Schenectady County	Chemical Dependency Counseling	A.A.S., CERT
Suffolk-Ammerman	Psychology	A.A.
Suffolk-East	Psychology	A.A.
Suffolk-West	Addiction Studies	A.A.S.
	Psychology	A.A.
Sullivan County	Alcoholism & Drug Abuse Counseling	A.A.S.
	Liberal Arts & Sciences: Psychology	A.S.
Tompkins Cortland	Chemical Dependency Counseling	A.A.S., CERT
Westchester	Addiction Counseling	A.A.S.
	Community Health and Case Management	CERT

Interview List

NAME	AFFILIATION	TITLE	DATE
Mariette Bates	City University of NY, Retired	Professor	03/06/23
Doug Bauer	Clark Foundation	CEO	03/03/23
Melissa Beck	Sozosei Foundation	Executive Director	05/11/23
David Berman	NYC Mayor's Office of Economic Opportunity	Director of Programs & Evaluation	03/21/23
Diane Bessel	Daemon University	Associate Professor	02/21/24
Erin Madden/John Betts	Breaking Ground	VP, Programs; Ass't VP, Program Development	04/05/23
Jeff Black	Community Behavioral Health		02/13/23
Josh Breslau	Rand Corporation	Researcher	05/08/23
Eric Brettschneider	CUNY-ISLR	Senior Fellow	01/11/24
Cherie Brummans	Alliance of Community Service Providers, PA	CEO	03/02/23
Barry Chaffkin, Gabrielle Aiosa-Perrin	Fostering Change for Children	CEO; Chief Program Officer	02/06/24
Simran Chaudri, MD/ Nathaniel Counts	NYC Dept of Health & Mental Hygiene (DOHMH)	Snr. Science & Policy Advisor; Sr. Policy Advisor	05/11/23
Kelvin Chan	Black Family Philanthropies	Executive Director	12/12/23
Kimberley Chin, Junelle Addei, Sapna Shah	Atlantic Philanthropies	Senior PO, Program Associate, Program Officer	11/29/23
Andrew Cleek	McSilver Institute, NYU	Deputy Exec. Director	2/26/24
Lauri Cole	NY State Council for Community Behavioral Healthcare	Executive Director	01/19/24
Ryan Cox	NY State OPWDD	Director, Workforce Development & Talent	02/26/24
Itai Dinour, Betsy Fader	Carmel Hill Fund	Executive Director, Consultant	01/26/24
Sally Dreslin	Step Two Policy Project	Executive Director	10/27/23
Laurel Dumont	Solon E. Summerfield Foundation	Senior Director	02/8/24
Omar Fattal, MD	NYC H&HC -Behavioral Health Department	Deputy Chief Medical Officer	04/23/23
Samantha Fletcher	NY State OMH	Director, Workforce Development	2/15/24
Kala Ganesh	NYC Mayor's Office of	Deputy Ass't Commissioner	01/19/24
Sarah Gardner	Community Mental Health	Executive Director	04/25/23

NAME	AFFILIATION	TITLE	DATE
Eva Gladstein	Fund for Public Health	First Deputy Managing Director	04/18/23
Jennifer Havens, M.D.	NYU Grossman School of Medicine	Chair, Dept of Child & Adolescent Psychology	01/08/24
John Kimble	NYC Fund to End Youth & Family Homelessnes	Senior Advisor	02/16/23
Andy Kind-Rubin	Child Guidance Resource Centers	Chief Clinical Officer, Retired	04/26/23
Matt Kudish	NAMI-NYC	Executive Director	05/11/23
Vivien Labaton	Three Cairns Group	Managing Director, Giving & Impact	12/13/23
Nancy Levkovic	Health Federation of PA	CEO	03/02/23
Lucy Newman	NY State OMH	Project Director, EBP	02/29/24
Daniel Liss	NYC Mayor's Office of Talent & Workforce Development	Senior Advisor	05/12/23
Brian McShane	Corporation for Supportive Housing	Associate Director	03/31/23
Jamie Neckles	Bureau of Mental Health,	Senior Advisor	02/16/23
Joe Pyle	Scattergood Foundation	President	02/03/23
Susan Shah, Syed Ali, Jessica Alba	Trinity Church Wall Street	Managing Director,	04/18/23
Chris Simiriglia/ Bill Maroon	Pathways to Housing PA	President & CEO; Chief Operating Officer	04/17/23
Hildy Simmons		Philanthropic Advisor	01/16/24
Judith Smith	Workforce Funders Group, NYCT	Coordinator	03/08/24
Sarah Solon/Ejiro Ojeni	HR&A Advisors	Principal; Senior Analyst	03/16/23
Jessica Soto, MD	Warren Alpert Medical School of Brown University	Child & Adolescent Psychiatry Fellow	03/01/23
Cynthia Stuart	Supportive Housing Network of NY	Chief Operating Officer	11/08/23
Clarence Sundram	van Ameringen Foundation	Trustee	02/04/23
Tony Valdez	Children's Crisis Treatment Centers	CEO	03/04/23

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